

## REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF Bronx

Index No: 25643/2015E Date Index Issued: 10/14/2015

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.

MARISOL JAVIER, as the Mother and Natural Guardian of ANGEL JAVIER, an infant under the age of fourteen (14) years and MARISOL JAVIER, Individually

Plaintiff(s)/Petitioner(s)

-against-

HYDE LEADERSHIP CHARTER SCHOOL, PETER ANDERSON, JANE DOE TEACHER AND NEW YORK DEPARTMENT OF EDUCATION

Defendant(s)/Respondent(s)

## NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

## MATRIMONIAL

☐ ContestedNOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJ1 Addendum**. For Uncontested Matrimonial actions, use RJ1 form UD-13.

## TORTS

☐ Asbestos☐ Breast Implant☐ Environmental: \_\_\_\_\_ (specify)☐ Medical, Dental, or Podiatric Malpractice☐ Motor Vehicle☐ Products Liability: \_\_\_\_\_ (specify)☐ Other Negligence: \_\_\_\_\_ (specify)☐ Other Professional Malpractice: \_\_\_\_\_ (specify)☒ Other Tort: Negligence \_\_\_\_\_ (specify)

## OTHER MATTERS

☐ Certificate of Incorporation/Dissolution [see NOTE under Commercial]☐ Emergency Medical Treatment☐ Habeas Corpus☐ Local Court Appeal☐ Mechanic's Lien☐ Name Change☐ Pistol Permit Revocation Hearing☐ Sale or Finance of Religious/Not-for-Profit Property☐ Other: \_\_\_\_\_ (specify)

## COMMERCIAL

☐ Business Entity (including corporations, partnerships, LLCs, etc.)☐ Contract☐ Insurance (where insurer is a party, except arbitration)☐ UCC (including sales, negotiable instruments)☐ Other Commercial: \_\_\_\_\_ (specify)NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the **COMMERCIAL DIV RJ1 Addendum**.

## REAL PROPERTY: How many properties does the application include? \_\_\_\_\_

☐ Condemnation☐ Mortgage Foreclosure (specify): ☐ Residential ☐ Commercial

Property Address: \_\_\_\_\_ Street Address City State Zip

NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJ1 Addendum**.☐ Tax Certiorari - Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_☐ Tax Foreclosure☐ Other Real Property: \_\_\_\_\_ (specify)

## SPECIAL PROCEEDINGS

☐ CPLR Article 75 (Arbitration) [see NOTE under Commercial]☐ CPLR Article 78 (Body or Officer)☐ Election Law☐ MHL Article 9.60 (Kendra's Law)☐ MHL Article 10 (Sex Offender Confinement-Initial)☐ MHL Article 10 (Sex Offender Confinement-Review)☐ MHL Article 81 (Guardianship)☐ Other Mental Hygiene: \_\_\_\_\_ (specify)☐ Other Special Proceeding: \_\_\_\_\_ (specify)

## STATUS OF ACTION OR PROCEEDING: Answer YES or NO for EVERY question AND enter additional information where indicated.

Has a summons and complaint or summons w/notice been filed?

YES NO

☒ ☐ If yes, date filed: 10/14/2015

Has a summons and complaint or summons w/notice been served?

☒ ☐ If yes, date served: 10/22/2015

Is this action/proceeding being filed post-judgment?

☐ ☒ If yes, judgment date: \_\_\_\_\_

**NATURE OF JUDICIAL INTERVENTION:**

Check ONE box only AND enter additional information where indicated.

- ☐ Infant's Compromise  
☐ Note of Issue and/or Certificate of Readiness  
☐ Notice of Medical, Dental, or Podiatric Malpractice  
☐ Notice of Motion  
☐ Notice of Petition  
☐ Order to Show Cause  
☐ Other Ex Parte Application  
☐ Poor Person Application  
☒ Request for Preliminary Conference  
☐ Residential Mortgage Foreclosure Settlement Conference  
☐ Writ of Habeas Corpus  
☐ Other (specify): \_\_\_\_\_

Date Issue Joined: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

**RELATED CASES:**

List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the **RJI Addendum**. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

**PARTIES:**

For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided. If additional space is required, complete and attach the **RJI Addendum**.

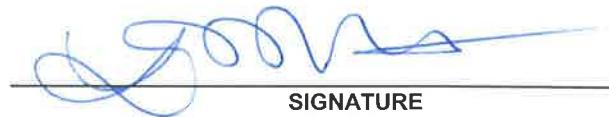
Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:			Issue Joined (Y/N):	Insurance Carrier(s):
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.				
<input type="checkbox"/>	Javier <div style="text-align: right;">Last Name</div> Marisol <div style="text-align: right;">First Name</div> Plaintiff <div style="text-align: right;">Primary Role:</div> Secondary Role (if any):	Maria <div style="text-align: right;">Last Name</div> Joseph Maria, P.C. <div style="text-align: right;">Firm Name</div> 301 Old Tarrytown Road <div style="text-align: right;">Street Address</div> +1 (914) 684-0333 <div style="text-align: right;">Phone</div>	Joseph <div style="text-align: right;">Last Name</div> <div style="text-align: right;">Firm Name</div> White Plains <div style="text-align: right;">City</div> +1 (914) 684-9772 <div style="text-align: right;">Fax</div>	First Name New York <div style="text-align: right;">State</div> 10603-2825 <div style="text-align: right;">Zip</div> jmariaapc@optonline.net <div style="text-align: right;">e-mail</div>	<input type="radio"/> YES  <input type="radio"/> NO	
<input type="checkbox"/>	Javier <div style="text-align: right;">Last Name</div> Angel <div style="text-align: right;">First Name</div> Plaintiff <div style="text-align: right;">Primary Role:</div> Secondary Role (if any):	Maria <div style="text-align: right;">Last Name</div> Joseph Maria, P.C. <div style="text-align: right;">Firm Name</div> 301 Old Tarrytown Road <div style="text-align: right;">Street Address</div> +1 (914) 684-0333 <div style="text-align: right;">Phone</div>	Joseph <div style="text-align: right;">Last Name</div> <div style="text-align: right;">Firm Name</div> White Plains <div style="text-align: right;">City</div> +1 (914) 684-9772 <div style="text-align: right;">Fax</div>	First Name New York <div style="text-align: right;">State</div> 10603-2825 <div style="text-align: right;">Zip</div> jmariaapc@optonline.net <div style="text-align: right;">e-mail</div>	<input type="radio"/> YES  <input type="radio"/> NO	
<input type="checkbox"/>	Hyde Leadership Charter School <div style="text-align: right;">Last Name</div> <div style="text-align: right;">First Name</div> Defendant <div style="text-align: right;">Primary Role:</div> Secondary Role (if any):	Cornell Grace, P.C. <div style="text-align: right;">Firm Name</div> 111 Broadway, Suite 810 <div style="text-align: right;">Street Address</div> +1 (212) 233-1121 <div style="text-align: right;">Phone</div>	First Name New York <div style="text-align: right;">City</div> +1 (212) 233-1110 <div style="text-align: right;">Fax</div>	New York <div style="text-align: right;">State</div> 10006-1963 <div style="text-align: right;">Zip</div> lmaletta@cornellgrace.com <div style="text-align: right;">e-mail</div>	<input checked="" type="radio"/> YES  <input type="radio"/> NO	
<input type="checkbox"/>	Anderson <div style="text-align: right;">Last Name</div> Peter <div style="text-align: right;">First Name</div> Defendant <div style="text-align: right;">Primary Role:</div> Secondary Role (if any):	Cornell Grace, P.C. <div style="text-align: right;">Firm Name</div> 111 Broadway, Suite 810 <div style="text-align: right;">Street Address</div> +1 (212) 233-1121 <div style="text-align: right;">Phone</div>	First Name New York <div style="text-align: right;">City</div> +1 (212) 233-1110 <div style="text-align: right;">Fax</div>	New York <div style="text-align: right;">State</div> 10006-1963 <div style="text-align: right;">Zip</div> lmaletta@cornellgrace.com <div style="text-align: right;">e-mail</div>	<input checked="" type="radio"/> YES  <input type="radio"/> NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: 01/11/2016

4990354

ATTORNEY REGISTRATION NUMBER



SIGNATURE

Laura Maletta

PRINT OR TYPE NAME

Print Form

## Request for Judicial Intervention Addendum

Supreme COURT, COUNTY OF Bronx Index No: 25643/2015E

For use when additional space is needed to provide party or related case information.

**PARTIES:** For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Jane Doe Teacher <small>Last Name</small>  First Name <small>Primary Role:</small> Defendant Secondary Role (if any):	Maletta <small>Last Name</small> Laura <small>First Name</small> Cornell Grace, P.C. <small>Firm Name</small> 111 Broadway, Suite 810 <small>Street Address</small> New York City New York State 10006-1963 Zip +1 (212) 233-1121 Phone +1 (212) 233-1110 Fax lmaletta@cornellgrace.com e-mail	<input checked="" type="radio"/> YES  <input type="radio"/> NO	
<input checked="" type="checkbox"/>	New York Department of Education <small>Last Name</small>  First Name <small>Primary Role:</small> Defendant Secondary Role (if any):	Last Name First Name Firm Name 65 Court Street <small>Street Address</small> Brooklyn City New York State 11201-4954 Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name <small>Primary Role:</small> Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name <small>Primary Role:</small> Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name <small>Primary Role:</small> Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name <small>Primary Role:</small> Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	

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